

TEXAS UNINSURED/UNDERINSURED MOTORISTS COVERAGE SELECTION/REJECTION

Policy Number:	Policy Effective Date:
Company:	Producer:
Applicant/Named Insured:	

Texas law permits you to make certain decisions regarding Uninsured/Underinsured Motorists Coverage. This document briefly describes this coverage and the options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured/Underinsured Motorists Coverage and your options with respect to this coverage.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

UNINSURED/UNDERINSURED MOTORISTS COVERAGE

Uninsured/Underinsured Motorists Coverage provides insurance protection to an insured for damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of bodily injury or property damage caused by an automobile accident. Also included are damages due to bodily injury or property damage that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Unless rejected, Uninsured/Underinsured Motorists Coverage will be afforded at limits at least equal to: (1) split limits of \$30,000 for each person, subject to \$60,000 for each accident with respect to bodily injury, and \$25,000 with respect to property damage; or (2) a combined single limit of \$85,000 for each accident, but you may select optional higher limits.

Please indicate your choice from either **A.** or **B.** as follows:

A. Selection Of Uninsured/Underinsured Motorists Coverage Limits

If you wish to select Uninsured/Underinsured Motorists Coverage, you may do so by initialing next to the appropriate item(s) and signing below. Please note that we only offer Uninsured/Underinsured Motorists Coverage limits up to the Liability Coverage limits of your policy, even though higher limits may appear below.

(Initials) I select Uninsured/Underinsured Motorists Coverage at the following limit(s): _____ (Choose one Split Limits Bodily Injury option AND one Property Damage limit option, OR one Combined Single Limit option from the following):						
	Split Limits Bodily Injury	(Initials)	Property Damage	OR	(Initials)	Combined Single Limit
_____ \$	30,000/60,000	_____	\$ 25,000		_____	\$ 85,000
_____	50,000/100,000	_____	50,000		_____	100,000
_____	100,000/300,000	_____	100,000		_____	250,000
_____	250,000/500,000	_____	_____		_____	350,000
_____	500,000/1,000,000	_____	(Other)		_____	500,000
_____	(Other)	_____	_____		_____	1,000,000
_____	_____	_____	_____		_____	(Other)
_____					_____	
Signature Of Applicant/Named Insured					Date	

B. Rejection Of Uninsured/Underinsured Motorists Coverage

If you wish to reject Uninsured/Underinsured Motorists Coverage, you may do so by initialing and signing below.

	I reject Uninsured/Underinsured Motorists Coverage.	
(Initials)		
_____	_____	_____
Signature Of Applicant/Named Insured		Date

TEXAS PERSONAL INJURY PROTECTION COVERAGE SELECTION/REJECTION

Policy Number:	Policy Effective Date:
Company:	Producer:
Applicant/Named Insured:	

Texas law permits you to make certain decisions regarding Personal Injury Protection Coverage. This document briefly describes this coverage and the options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Personal Injury Protection Coverage and your options with respect to this coverage.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations page(s) and/or Schedule(s) for complete information on the coverages you are provided.

Personal Injury Protection Coverage

Personal Injury Protection Coverage provides insurance benefits for medical and funeral expenses, loss of income and replacement services expenses to or for an insured who sustains bodily injury caused by an automobile accident.

Unless rejected, Personal Injury Protection Coverage will be provided at limits of at least \$2,500 for each insured injured in an automobile accident.

Please indicate your choice with respect to Personal Injury Protection Coverage from either **A.** or **B.** as follows:

A. Selection Of Personal Injury Protection Coverage

If you wish to select Personal Injury Protection Coverage, you may do so by initialing next to the appropriate item and signing below:

(Initials) _____	I select Personal Injury Protection Coverage at the following limit:	
(Choose one):		
(Initials)	Personal Injury Protection Coverage Limits	
_____	\$	2,500
_____		5,000
_____		10,000
_____		25,000
_____		50,000
_____		75,000
_____		100,000
_____		_____
		(Other)

OR

B. Rejection Of Personal Injury Protection Coverage

If you wish to reject Personal Injury Protection Coverage, you may do so by initialing and signing below:

(Initials) _____	I reject Personal Injury Protection Coverage.
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Signature Of Applicant/Named Insured

Date